

# **EXHIBIT 1**



THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021201437

DATE ISSUED: OCTOBER 22, 2021

## DECEDENT INFORMATION

DATE FILED: OCTOBER 6, 2021

NAME: REBECCA HOWARD KELLER

DATE OF DEATH: SEPTEMBER 25, 2021

SEX: FEMALE

AGE: [REDACTED] YEARS

DATE OF BIRTH: [REDACTED]

SSN: \*\*\*-\*\*-\*\*\*\*

BIRTHPLACE: PLANT CITY, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: SOUTH FLORIDA BAPTIST HOSPITAL

LOCATION OF DEATH: PLANT CITY, HILLSBOROUGH COUNTY, 33563

RESIDENCE: 3113 S WIGGINS ROAD, PLANT CITY, FLORIDA 33567, UNITED STATES

COUNTY: HILLSBOROUGH

OCCUPATION, INDUSTRY: REGISTERED NURSE, NURSING

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: ALFRED MACON HOWARD

MOTHER'S/PARENT'S NAME: EVELYN VALENTINE

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: JENNIFER R GREENE

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: [REDACTED], LITHIA, FLORIDA 33547, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: KRISTA C WORKMAN, F087159

FUNERAL FACILITY: HOPEWELL FUNERAL HOME F041917  
6005 CR 39 S, PLANT CITY, FLORIDA 33567

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: HOPEWELL MEMORIAL GARDENS  
PLANT CITY, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 2013


DATE CERTIFIED: OCTOBER 5, 2021

CERTIFIER'S NAME: MARI TOFANI

CERTIFIER'S LICENSE NUMBER: ME116694

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2023290912

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

